See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

t or type. Form designed for use on elite (12-pi				<u> </u>			amento, California
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EP		Manifest Documen	it No. 9 4	2. Page 1	医连闭氏额 医胸肌病 经销额	the shaded areas d by Federal law.
3. Generator's Name and Mailing Address 4C DOMNESS REAI 1860 LAKENCOD BLVD., 69	JTY CO.			A. State M	Nanifest Document	Number 9 (01399
LONG BEACH, CA 90808 4. Generator's Phone (310) 627-301	14				enerator's ID A H Q 3	sininis	lelalel
5. Transporter 1 Company Name		US EPA ID Number			ransporter's ID	r G W W	<u> • • • • • • • • • •</u>
WION PACIFIC TRANSPORT	ATTON C	A D 0 0 6 9	3 3 2 0 6	D. Transpo	orter's Phone	500 - 576-	-8444
7. Transporter 2 Company Name	8.	US EPA ID Number			ansporter's ID orter's Phone		
9. Designated Facility Name and Site Addres	s 10.	US EPA ID Number		G. State F	acility's ID		
1111 W. HWY 123				t		9 0 - 2	
SAST CARBON, UT 84520	jÜ į	r c 0 9 3 0	1 2 2 0 1	H. Facility'		444-445	r i de la company
11. US DOT Description (including Proper Ship			12. Con	tainers Type	13. Total Quantity	14. Unit	Waste Number
o°àSB#870S, 9, NA2212,	PGILI			туре	3		ate 151
	The state of the s		00 I	a, M	PRES	A SE	'Mathi:
							ate ^p A/Other
.							ate
							A/Other
d.						Si	ate
						Ef	A/Other
Additional Descriptions for Materials Listed	Above			K. Handlin	g Codes for Wast	es Listed Above b.	
STABLE ASBESTOS CONTAI	ning waste			6	3	d.	
5. Special Handling Instructions and Addition ITE ADDRESS: 19503 S. N SBESTOS REQUIREMENT 40 MBRGENCY RESPONSEL 714	ORMANDIE, TO CFR 61 (BAGG	RRANCE, CA 9 SED, SEALED 9%-	& LABBLED)	CST BRO	708# 97 5# 3] W Z DO		
 GENERATOR'S CERTIFICATION: I hereb packed, marked, and labeled, and are in a 	y declare that the contents	of this consignment are	fully and accurately	described of	above by proper s	hipping name c	and are classified,
If I am a large quantity generator, I cert economically practicable and that I have threat to human health and the environme waste management method that is available	ify that I have a program selected the practicable m int; OR, if I am a small c	n in place to reduce the ethod of treatment, story wantity generator, I ha	e volume and toxici	ty of waste	generated to the	degree I have	determined to be
inted/Typed Name S. M. Stavi	7.	Signature SM2	Final	•		Month	Day Ye
7. Transporter 1 Acknowledgement of Receipt inted/Typed Name		Signature				Month	Day Ye
Transporter 2 Acknowledgement of Receipt inted/Typed Name		Signature	The second secon	1		Month	Day Yeo
Discrepancy Indication Space	, w. o. w.	from	1000	ver	11	112	057
Facility Owner or Operator Certification of	receipt of hazardous ma	erials covered by this m	anifest except as no	ted in Item	19 .	Month	Dia va
Darin T. 01:	son	- 1 W W	1201			/vomin	Day Sec

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESP. SE CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852-7

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DO NOT WRITE BELOW THIS LINE.

Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

(3)

(T)

5

Month

Day

Year